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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 8269**  
Shoji MIYAZAKI et al. : Docket No. 2001\_1063A  
Serial No. 09/890,761 : Group Art Unit 1753  
Filed October 16, 2001 : Examiner Alexander S. Noguerola  
BIOSENSOR

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**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated March 29, 2004, please amend the above-identified application as follows.

07/01/2004 CCHAUI 00000002 09890761

08 FC-1201 258.00 DP

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

**AMENDMENTS TO THE DRAWINGS**

***Replacement formal drawings of Figures 1-4 are submitted concurrently herewith under a separate cover letter.***



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**PATENT OFFICE FEE TRANSMITTAL FORM**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$258.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Independent ..... \$258.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Shoji MIYAZAKI et al.

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

By

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June 29, 2004

[Check No. 62633]

2001\_1063A



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BIOSENSOR

**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): x	(\$ 9 = \$)	or	(\$18 = \$)
Indep. Claims exceeding 3 (not already paid for): 3 x	(\$43 = \$)	or	(\$86 = \$258.00)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$145 = \$)	or	(\$290 = \$)
Total Additional Fee =	\$	or	<u>\$258.00</u>

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which  
☐ is enclosed or  
☐ has been previously submitted.

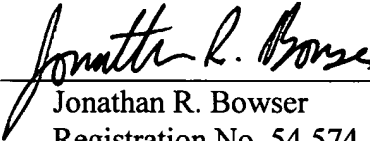
☒ A check in the amount of \$258.00 is enclosed.

THE COMMISSIONER IS AUTHORIZED  
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ACCOUNT NO. 23-0975

- [] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Shoji MIYAZAKI et al.

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June 29, 2004